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jc544 U.S. PTO  
01/19/00

**NON-PROVISIONAL  
UTILITY PATENT APPLICATION  
TRANSMITTAL - 37 CFR 1.53(b)**

☐ **Duplicate**  
(check, if applicable)

jc503 U.S. PTO  
09/487851  
01/19/00

Assistant Commissioner for Patent  
**BOX PATENT APPLICATION**  
Washington, DC 20231

**Attorney Docket No. 7600-20U1 (CHOP-0013)**  
**First Named Inventor: Robert J. Levy *et al.***  
**Express Mail Label No. EL399091626US**  
**Total Pages of Transmittal Form: 2**

Transmitted herewith for filing is the non-provisional utility patent application entitled:

**REVERSE GENE THERAPY**

which is:

an ☒ Original; or

a ☐ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP)  
of prior Application No. \_\_\_\_\_ / \_\_\_\_\_, filed \_\_\_\_\_.

☒ This non-provisional patent application is based on Provisional Patent Application  
No. 60/116,539, filed January 19, 1999.

Enclosed are:

- ☒ Specification (including Abstract) and claims: 66 pages.
- ☒ Non-executed copy of Declaration.
- ☐ Copy of Declaration from prior application.
- ☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
- ☒ 7 sheets of drawings (formal) plus one copy.
- ☐ Microfiche computer program (Appendix).
- ☐ Nucleotide and/or Amino Acid Sequence Submission, including:
  - ☐ Computer readable copy ☐ Paper Copy ☐ Verified Statement.
- ☐ Under PTO-1595 cover sheet, an assignment of the invention.
  - ☐ Certified copy of \_\_\_\_\_ Application No. \_\_\_\_\_, filed \_\_\_\_\_, is filed:  
☐ herewith or ☐ in prior application \_\_\_\_\_.
- ☒ Verified Statement Claiming Small Entity Status under 37 CFR 1.9 and 1.27.
  - ☐ was filed in the prior non-provisional application, and such  
status is still proper and desired (37 CFR 1.28(a));
  - ☒ is enclosed herewith; ☐ is no longer desired.
- ☐ Preliminary Amendment.
- ☐ Information Disclosure Statement, PTO-1449, and cited references.

The filing fee has been calculated as shown below:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE:			BASIC FEE:	
			\$345			\$690	
Total	64-20 =	44	X9	\$	OR	X18	\$
Independent	2-3=	0	X39	\$	OR	X78	\$
Multiple Dependent Claims Present: &@			\$130	\$	OR	\$260	\$
			<b>TOTAL</b>	<b>\$-0-*</b>	OR	<b>TOTAL</b>	<b>\$</b>

\*The above calculation fee is not being paid at this time.

The Commissioner is hereby authorized to charge payment of the following fees or credit any overpayment to Deposit Account No. 50-1017 (207600.0117). One additional copy of this sheet is enclosed.

- ☒ The above calculated filing fee **\$-0-\***.
- ☐ Any additional fees required under 37 C.F.R. § 1.16.
- ☒ Any additional fees required under 37 C.F.R. §1.17.
- ☒ If the filing of any paper during the prosecution of this application requires an extension of time in order for the paper to be timely filed, applicant(s) hereby petition(s) for the appropriate extension of time pursuant to 37 C.F.R. §1.136(a).

**CORRESPONDENCE ADDRESS:**

**Robert J. Levy et al**

January 19, 2000  
(Date)

By:

**Gary D. Colby, Ph.D., J.D.**

Registration No. 40,961

**AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P.**

One Commerce Square

2005 Market Street - Suite 2200

Philadelphia, PA 19103

Telephone: 215-965-1200

Facsimile: 215-965-1210

E-Mail: gcolby@akingump.com

**Direct Dial: 215-965-1285**

☒ Customer Number or Bar Code Label: **000570**

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Enclosures